

**TESTIMONY PRESENTED TO THE APPROPRIATIONS COMMITTEE**  
**MARCH 11, 2016**

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Testimony Regarding Various Bills Before the Committee

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Senator Bye, Representative Walker and distinguished members of the Appropriations Committee, thank you for the opportunity to offer testimony on various bills before the committee today.

We have concerns about House Bill No. 5134, An Act Concerning Funds for Medical Care of Inmates. This bill would divert funds from the Correction Commissaries account and the Correctional General Welfare fund to the General Fund, with a goal of offsetting costs for inmate medical services. This diversion would impact the abilities of the commissaries to replace equipment, make capital improvements and plan for future upgrades, and would divert funds that benefit inmates, such as supplies for religious activities, television service to day rooms and recreational supplies. Ultimately, this would create pressure to replace diverted funds with General Fund support.

We believe Senate Bill 271, An Act Concerning a Request for Qualifications for the Provision of Health Care Services and Behavioral Health Care Services to Inmates of the Department of Correction, is unnecessary. This bill requires the Office of Policy and Management (OPM) to issue an RFQ for the correctional managed healthcare contract by July 1, 2016. Please note that Section 20 of Public Act 15-1 (Dec. Spec. Sess.) requires the Commissioner of Correction and the OPM Secretary to issue an Request for Information (RFI) for options for providing inmate medical care. We believe the current legislation should be pursued before considering new legislation to require an RFQ for the correctional managed healthcare contract.

Lastly, we believe the committee should take no action on House Bill 5508, An Act Providing Funding From the Drug Assets Forfeiture Revolving Account for Inpatient Drug Treatment Services. This bill changes the allocation of funds in the Drug Asset Forfeiture Revolving Account by reducing the amount available

for the Department of Emergency Services and Public Protection (DESPP) and municipalities from 70 percent to 40 percent, and directing those funds to the Department of Mental Health and Addiction Services (DMHAS) for inpatient drug treatment. Revenue for DESPP and municipalities from asset forfeitures has averaged \$1.46 million over the last five years, with an average of \$1.22 million—nearly 90 percent—passed through to municipalities. During FY 2015 drug forfeiture money was used to support cost of equipment, supplies and training associated with the use of Naloxone by the State Police. Given the relatively low level of forfeiture funds flowing to DESPP each year, this bill would not appreciably increase funding for DMHAS inpatient drug treatment—perhaps \$630,000 each year. If the legislature desires to increase support for inpatient drug treatment, we believe a direct appropriation to DMHAS should be considered rather than creating yet another off-budget—and variable—funding solution.

I would like to again thank the committee for the opportunity to present this testimony.